FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 7:55

DOCUMENT # K53507 (5)

1. Corporation Name
INTENSIVE CARE SERVICES ASSOCIATES, P.A.

Principal Place of Business
% PERRY B. EVERETT
STE 370
ST. PETERSBURG FL 33701
US

Mailing Address
% PERRY B. EVERETT
STE 370
ST. PETERSBURG FL 33701
US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business: 21 880 6th Street South	2a. Mailing Address: 26 880 6th Street South
Suite, Apt. #, etc.: 22 Suite 370	Suite, Apt. #, etc.: 27 Suite 370
City & State: 23 St. Petersburg, FL	City & State: 28 St. Petersburg, FL
Zip: 24 33701 — Country: 25 Pinellas	Zip: 29 33701 — Country: 30 Pinellas

3. Date Incorporated or Qualified: 01/01/1989
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-2921006 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

EVERETT, PERRY B.
880 6TH STREET, S., SUITE 400
STE 370
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 880 6th Street South
83 Suite 370
84 City: St. Petersburg FL 85 Zip Code: 33701

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	EVERETT, PERRY
STREET ADDRESS	880 6TH ST S. STE 370
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	VT
NAME	SALTIEL, ALBERT
STREET ADDRESS	880 6TH ST S. STE 370
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	VS
NAME	NICHTER, MARK
STREET ADDRESS	880 6TH ST S. STE 370
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: (Perry Everett, M.D.) 3/7/95 (813)892-4375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0446129 FP